10/815,342

	PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number				
1	PATENT		)											
1_	Effective October 1, 2003								10815342					
1	•	CLAIMS A						SMALL E	NTITY			R THAN		
ŀ	TOTAL CLAIM		(Colum	າດ 1)	(Col	lumn 2).	ר	TYPE [		OR		ENTITY		
	TOTAL CLAIMS		16.		ļ			RATE	FEE	]	RATE	FEE		
	FOR		NUMBER	R FILED	NUM	BER EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00		
	TOTAL CHARGE	OTAL CHARGEABLE CLAIMS		36minus 20=		• 16		XS 9=	·	OR	XS18=	288		
	NDEPENDENT (	CLAIMS	1-	ninus 3 =	Ø			X43=		OR	X86=			
Ľ	MULTIPLE DEPE	ENDENT CLAIM F	PRESENT	RESENT				+145=		OR		20		
1.	If the differenc	e in column 1 is	s less than z	less than zero, enter *0* in column 2-			!	TOTAL	<del> </del>	OR	TOTAL	1248		
	(	CLAIMS AS A	AMENDE!	D - PAR'	T 11 /	In III	<u>/</u> )-	7	<b>L</b>	J ~	OTHER			
		(Column 1)		(Column 2) (Column 3				SMALL	ENTITY	OR	SMALL			
MENDMENT A		CLAIMS REMAINING AFTER		HIGHE NUME PREVIO	EST BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
MENDMENT		AMENDMENT	1.0-1.0	PAID F		-	<b> </b>		FEE	1		FEE		
	Total	1:021	Minus	157	<i>{/</i> _		1-1	X\$ 9=		OR	X\$18=			
IJ۹		ENTATION DE M	Minus	No.	5		[	X43=		OR	X86=	<u> </u>		
	THOI FREE	ENTATION OF IN	ULTIPLE DE	JLTIPLE DEPENDENT CLAIM				+145=		OR	+290=			
3							L	TOTAL			TOTAL			
4		(Column 1)		Colum	÷- 0)	· (Calumn 3)	A	DDIT. FEE	<del></del>	10	ADDIT, FEE	L		
	T	(Column 1) CLAIMS	T	(Colum	EST	(Column 3)	lr		ADDI-	1 [	· . 1	ADDI-		
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
AENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
. ] ] 🖛	Independent	• .	Minus	apa .	•	Ξ.,		X43= ·	•. •	OR	X86=			
	FIRST PRESE	ENTATION OF ML	JLTIPLE DEF	ZENDENT (	CLAIM		1							
				•		•	L	+145=		OR	+290= TOTAL			
į		weeks the world					AF	DOTT. FEE	اخسب	OR ,	ADOIT. FEEL			
I,		(Column 3)	<u> </u>	<u> </u>			wal s							
NTC		CLAIMS REMAINING AFTER		HIGHE: NUMBE PREVIOU PAID FO	er Jsly	PRESENT EXTRA			ADDI- TIONAL		RATE	ADDI:		
AMENDMENT	Total	*	Minus	PAID FC	JR -	e	<b> </b>	X\$ 9=	FEE_	OR	X\$18=			
Ě	Independent	<del> </del>	Minus	***		=	-					्रेन्द्रीक्षकः । इस्		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	X43=		OR	X86=	* *		
			•				Ŀ	+145=		OR	+290=			
	If the "Highest Nur	mn 1 is less than the mber Previously Pai	id For IN THIS	S SPACE IS N	less than	n 20, enter *20.*	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE			
•••	If the "Highest Nur The "Highest Nurr	mber Previously Pai nber Previously Paid	id For IN THIS I For (Total or	5 SPACE is I Independen	less than (1) is the	n 3, enter "3." highest number	_		opriate box	in colu	mn 1.	-		